

MEDICARE GEOGRAPHIC CLASSIFICATION REVIEW BOARD

06***** Cases

FEBRUARY 2005

A hospital may apply for reclassification for the purpose of using another area's wage index value in determining its Medicare prospective payment rate. Attached is a list of the decisions issued by the Medicare Geographic Classification Review Board effective Fiscal Year 2006.

On the attached list, the first column is the hospitals Medicare provider number, the second column is the case number, the third column is the name of the hospital, the fourth column is the decision code, the fifth column is the form code, the sixth column is the hospital's current area, and the seventh column is the requested area.

The decision codes represent the following decisions:

CASE NUMBER LETTER

MEANING

06C****

Individual application

06G****

Group Application

SYMBOL

MEANING

RSCD

Record Hearing Scheduled

REQ

Request for Hearing

DEC

Decision

WTHD

Withdrawal

CLSD

Closed Case

DISM

Dismissal

aRMD

Remand of Case to MGCRB by HCFA
Administrator.

a***

Reflects Administrator Decision That Reversed,
Modified or Vacated Board Decision.

AOAA

Reflects an Appeal of a Case to the Administrator.

TERM

Termination

REIN

Reinstatement Request – Wage Index Value

	Approved
f100	Acknowledgment of Complete Application
f102	Incomplete Application/Request for Information
f104	Receipt of Additional Information to Complete Application
f110	Case Dismissal - Additional Information Not Received
f112	Case Dismissal for Individual Hospital
f114	Case Dismissal for a Group
f115	Case Dismissal of individual Hospital Application for a Group Member
f120	Withdrawal - Case Closing Before Decision
f121	Request for Withdrawal of Group Reclassification - Approved (Individual After Decision)
f122	Request for Withdrawal of Wage Index Value Reclassification - Approved (Individual After Decision)
f125	Request for Partial Withdrawal - Wage Index Value Reclassification - Approved (Individual After Decision)
f127	Request for Withdrawal of Wage Index Value Reclassification - Denied (Individual After Decision)
f130	Request for Termination of Wage Index Value Reclassification – Approved
f131	Request for Termination of Wage Index Value Reclassification – Denied
f132	Request for Cancellation of Wage Index Value Reclassification – Approved
f133	Request for Cancellation of Wage Index Value

	Reclassification – Denied
f134	Request for Reinstatement of Wage Index Value Reclassification – Approved
f135	Request for Reinstatement of Wage Index Value Reclassification - Denied
f170	Decision - 84% Wage Index Value Approved
f172G	Decision – Group Application Approved
f174	Decision - 84% Wage Index Value Denied
f175G	Decision – Group Application Denied
f184	Decision – 84% Wage Index Value Denied (Overlapping Reclassification Periods)

The first two digits of the hospital's provider number identify the State in which the hospital is located. The codes are as follows:

01	Alabama	18	Kentucky	36	Ohio
02	Alaska	20	Maine	37	Oklahoma
03	Arizona	21	Maryland	38	Oregon
04	Arkansas	22	Massachusetts	39	Pennsylvania
05 & 55	California	23	Michigan	40	Puerto Rico
06	Colorado	24	Minnesota	41	Rhode Island
07	Connecticut	25	Mississippi	42	South Carolina
08	Delaware	26	Missouri	43	South Dakota
09	Dist. of Columbia	27	Montana	44	Tennessee
10	Florida	28	Nebraska	45	Texas
11	Georgia	29	Nevada	46	Utah
12	Hawaii	30	New Hampshire	47	Vermont
13	Idaho	31	New Jersey	49	Virginia
14	Illinois	32	New Mexico	50	Washington
15	Indiana	33	New York	51	West Virginia
16	Iowa	34	North Carolina	52	Wisconsin
17	Kansas	35	North Dakota	53	Wyoming